

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

BEST AVAILABLE

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>9/26/00</u>		2 Serial/Patent # <u>09-206,458</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT					
<input type="checkbox"/>	Filing			\$					
<input type="checkbox"/>	Amendment			\$					
<input checked="" type="checkbox"/>	Extension of Time	<u>10</u>	<u>9-13-00</u>	<u>\$ 870-</u>					
<input type="checkbox"/>	Notice of Appeal/Appeal			\$					
<input type="checkbox"/>	Petition			\$					
<input type="checkbox"/>	Issue			\$					
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$					
<input type="checkbox"/>	Maintenance			\$					
<input type="checkbox"/>	Assignment			\$					
<input type="checkbox"/>	Other			\$					
		7 TOTAL AMOUNT OF REFUND		<u>\$ 870-</u>					
10 REASON:		8 TO BE REFUNDED BY:							
		<input type="checkbox"/> Treasury Check							
		<input type="checkbox"/> Credit Deposit A/C #: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>1</td><td>2</td><td>--</td><td>2</td><td>2</td><td>5</td><td>0</td> </tr> </table>			1	2	--	2	2
1	2	--	2	2	5	0			
<input checked="" type="checkbox"/>	No Fee Due (Explanation):								
<u>untimely filed</u>									
11 REFUND REQUESTED BY: <u>Off of Petitions</u>									
TYPED/PRINTED NAME:		TITLE: <u>Att</u>							
SIGNATURE: <u>[Signature]</u>		PHONE: <u>305-0310</u>							
OFFICE: <u>Off of Petitions</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: <u>[Signature]</u>		DATE: <u>9/27/00</u>							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802R

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*		Minus	**	=
Independent	*		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*		Minus	**	=
Independent	*		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

## BEST AVAILABLE COPY

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*		Minus	**	=
Independent	*		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

### SMALL ENTITY

TYPE ☐

OR

### OTHER THAN

SMALL ENTITY

RATE	FEE
	380.00
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	FEE
	760.00
X\$18=	
X78=	
+260=	
TOTAL	

### SMALL ENTITY

OR

### OTHER THAN

SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	